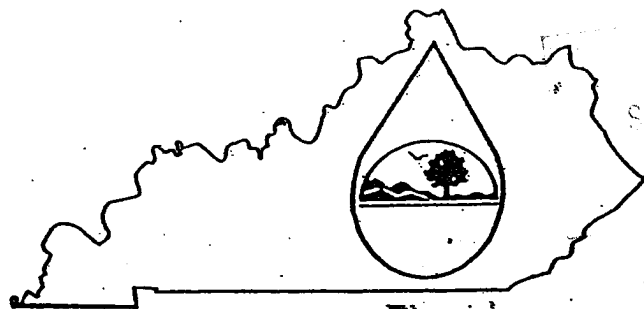


KENTUCKY POLLUTANT DISCHARGE
ELIMINATION SYSTEM

SEP 17 2007

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

\$200.00

I. FACILITY LOCATION AND CONTACT INFORMATION

AGENCY
USE

0096415

A. Name of business, municipality, company, etc. requesting permit

Bramco, Inc.

B. Facility Name and Location

Facility Location Name:

Brandeis

Facility Location Address (i.e. street, road, etc.):

1801 Watterson Trail

Facility Location City, State, Zip Code:

Louisville, Kentucky 40232

C. Facility Owner/Mailing Address

Owner Name:

BRAMCO PROPERTIES, INC.

(502) 491-4000

Mailing Street:

1801 Watterson Trail

Mailing City, State, Zip Code:

Louisville, Kentucky 40232

Telephone Number:

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Demudding of equipment over wash rack.

B. Standard Industrial Classification (SIC) Code and Description:

Principal SIC Code &
Description:

5082

Heavy equipment sales & leasing

Other SIC Codes:

7353

7699

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Jefferson

City where facility is located (if applicable):

Louisville, Kentucky

C. Body of water receiving discharge:

Chenoweth

D. Facility Site Latitude (degrees, minutes, seconds):

38° 12' N 57"

Facility Site Longitude (degrees, minutes, seconds):

85° 33' 09" W

E. Method used to obtain latitude & longitude (see instructions):

Off old permit

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

N/A

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☒ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator

Telephone Number

Operator Mailing Address (Street)

Operator Mailing Address (City, State, Zip Code)

Is the operator also the owner?

Yes ☒ No ☐

Certification Class:

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐ N/A

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0096415

Issue Date of Current Permit:

April 30, 2002

Expiration Date of Current Permit:

February 29, 2008

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	KYD006945125	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:

Service Manager

B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)

DMR Mailing Name:

Microbac Laboratories

DMR Mailing Street:

3323 Gilmore Industrial Blvd

DMR Mailing City, State, Zip Code:

Louisville, KY 40242

DMR Official Telephone Number:

(502) 962-8007


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: Non-Process Industry	Filing Fee Enclosed: 200.00
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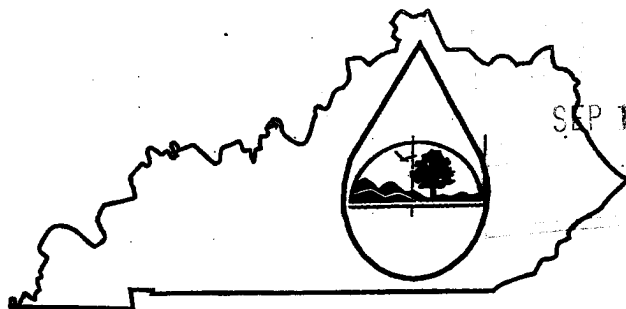
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): C.H. Leis, Chief Executive Officer	TELEPHONE NUMBER (area code and number): (502) 491-4000
SIGNATURE 	DATE: 9/13/07

KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



SEP 17 2007

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Brandeis Machinery & Supply Corporation							
FACILITY DISCHARGE FREQUENCY				0096415			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				5			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Volume of mud pit is 2828 gallons of liquid or 14.06 cubic yards of mud oil/grease trap is 1000 gallons size tank.							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				MGD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1	38	12"N	57"	85	33'	09"W	Chenoweth Run Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)							

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1	Cold water mud wash	25 GPM	Oil/Water separator	4-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☒ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No**VII. Discharge to other than surface waters: Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☒ Publicly-owned treatment works (POTW). Name of POTW: Louisville Metropolitan Sewer Dist. (MSD)
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	0
<input type="checkbox"/>	Arsenic	0
<input type="checkbox"/>	Beryllium	0
<input type="checkbox"/>	Cadmium	0
<input type="checkbox"/>	Chromium	0

<input type="checkbox"/>	Copper	0
<input type="checkbox"/>	Lead	0
<input type="checkbox"/>	Mercury	0
<input type="checkbox"/>	Nickel	0
<input type="checkbox"/>	Selenium	0

<input type="checkbox"/>	Silver	0
<input type="checkbox"/>	Thallium	0
<input type="checkbox"/>	Zinc	0
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	N / A	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:	(If discharge is from an overflow point, the information below must be completed.)	
Check when overflow occurs: N / A	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points N / A	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Brandeis Manhinery & Supply Corp.	
TOTAL POPULATION SERVED	14

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A	N/A	N/A

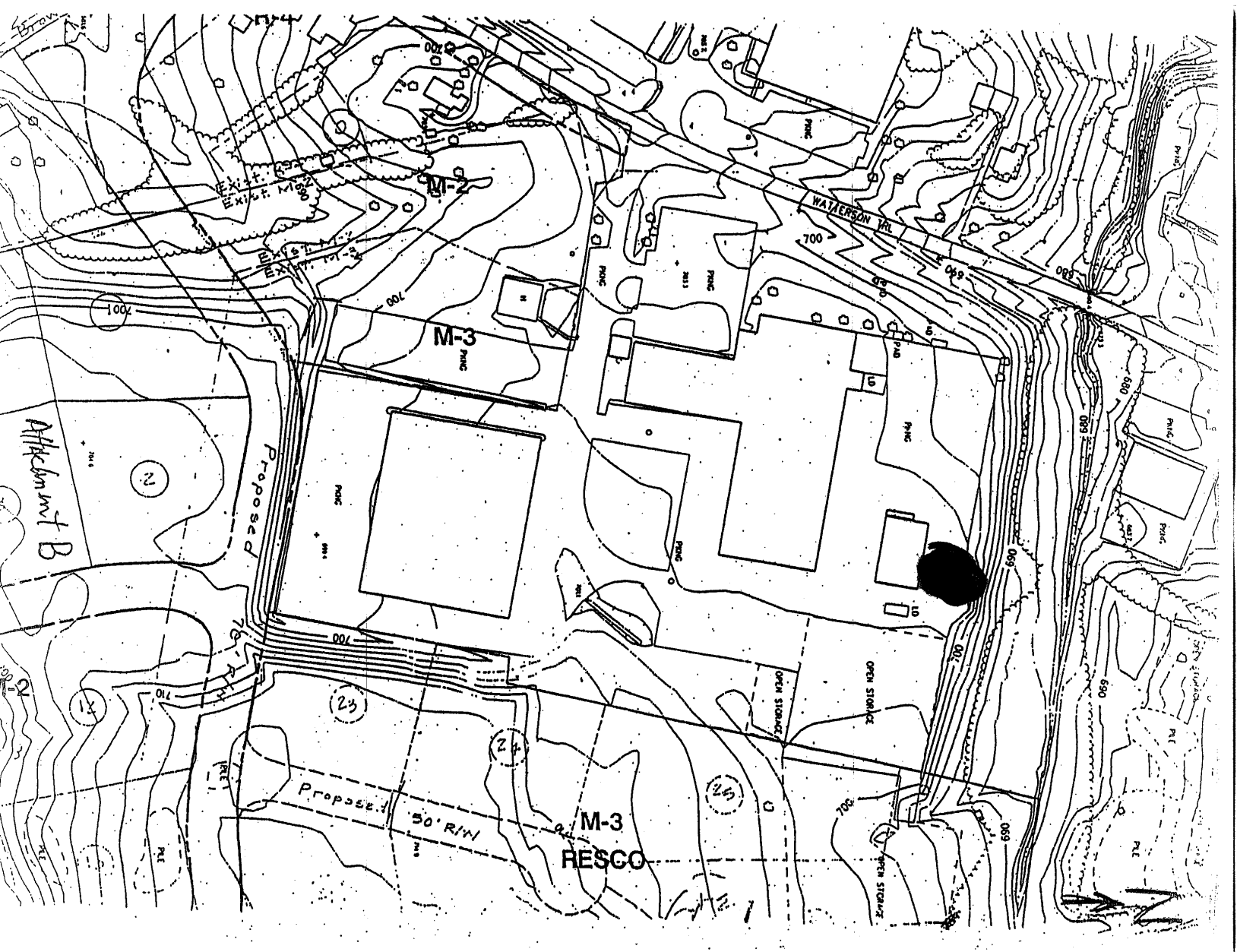
XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	5mg/l		1
TOTAL SUSPENDED SOLIDS	76 mg/l		12
FECAL COLIFORM	1 /100ml		1
TOTAL RESIDUAL CHLORINE	0.05 mg/l		1
OIL AND GREASE	1 mg/l	1 mg/l	12
CHEMICAL OXYGEN DEMAND	5 mg/l		1
TOTAL ORGANIC CARBON	15 mg/l		1
AMMONIA	1 mg/l		1
DISCHARGE FLOW	6600 gpd		
PH	7.7	7.7	12
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	
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XIII. CERTIFICATION

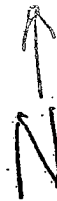
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
C.H. Leis, Chief Executive Officer	502-491-4000
SIGNATURE	DATE
X <i>C.H. Leis</i>	X 9/13/07





Attachment B
STATE OF KENTUCKY
KENTUCKY GEOLOGICAL SURVEY
UNIVERSITY OF KENTUCKY



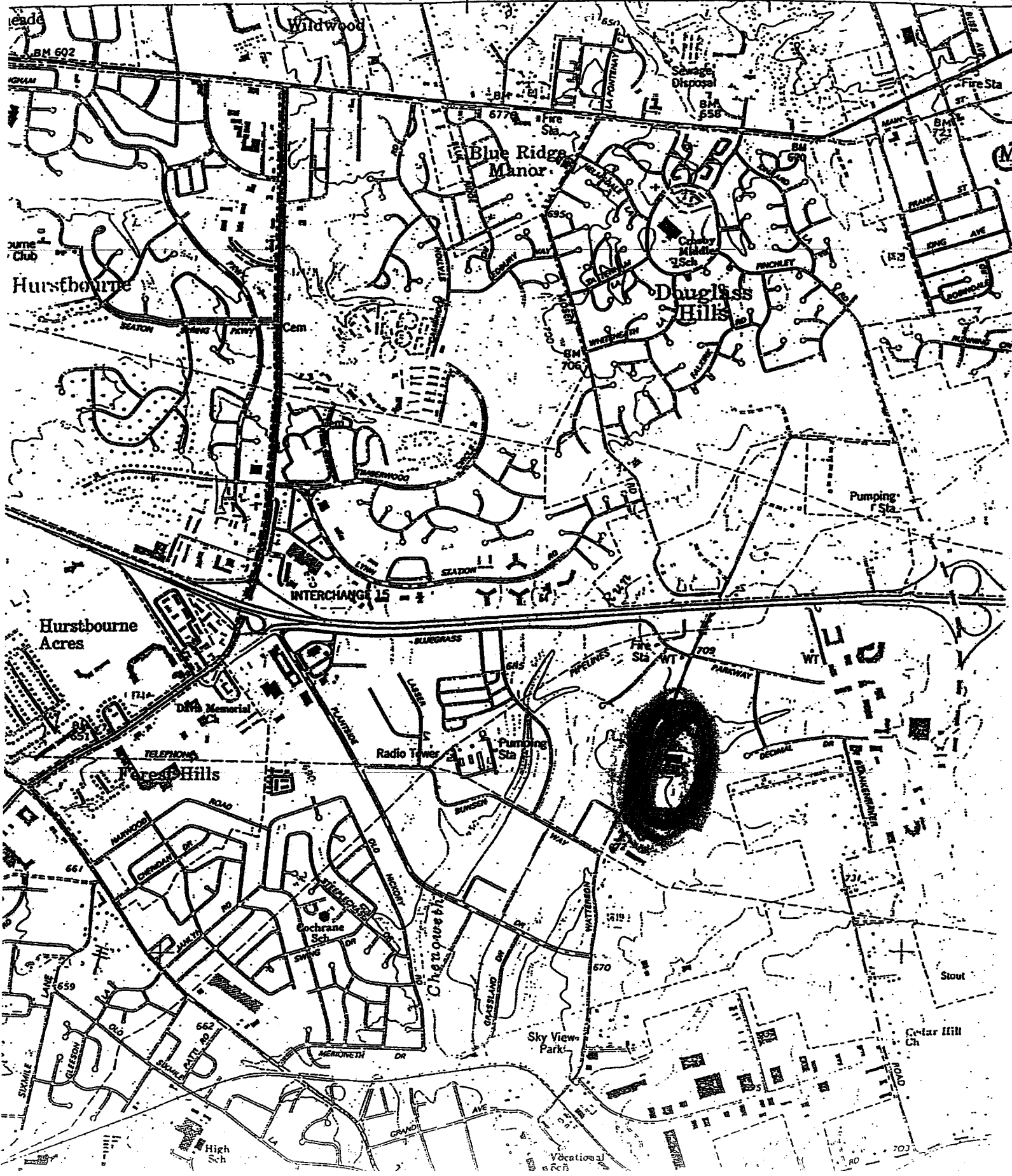
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ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
www.kentucky.gov

TERESA J. HILL
SECRETARY

October 22, 2007

C. H. Leis, Chief Executive Officer
Bramco Properties, Inc.
1801 Waterson Trail
Louisville, KY 40232

Re: KPDES Application Complete
KPDES No.: KY0096415
Brandeis Machinery & Supply Co.
AI ID: 1973
Activity ID: APE20070001
Jefferson County, Kentucky

Dear Mr. Leis,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on September 17, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

Sara J. Beard
Environmental Engineer Assistant III
KPDES Branch
Division of Water

SJB
Enclosures

c: Louisville Regional Office
Division of Water Files